
Dr. Whelan

By Peter Barcia MD



Dr. Whelan at first MASH hospital, Korea 1951. Courtesy of Life Magazine.

I came to Tripler in 1965, interested in Ob-Gyn. In my 2nd month of a rotating internship while working alone on the Neurology Service, I evaluated a Samoan chief with headaches and erratic behavior; I concluded that he had an insulin producing tumor of the pancreas. Eventually, I presented this case to Dr. Whelan at the GI Conference. He invited me to observe the operation. The chief went back to Samoa cured of his problem, and I began a wonderful relationship with a man who was to become my teacher, mentor, father figure and our friend.

When COL. Whelan came to Tripler in 1965, he already had an international reputation as a vascular and trauma surgeon, he had served as a surgeon at the front in Korea when the Chinese entered the war and forced a retreat from the Chosun Reservoir in the middle of winter and a risky evacuation by sea from North Korea, he had cared for General of the Army, Douglas MacArthur, in his pro-

tracted last illness, and many other credits. I didn't know any of this; I only knew that he liked me, and that he wanted me to become a surgeon. I wasn't yet convinced, and started an Obstetric residency in Georgia. Six months later, I told Dr. Whelan that I wanted to be a surgeon, and I wanted to be in his program at Tripler. Unfortunately the Army bureaucracy decided to "teach me a lesson." Dr. Whelan came to the rescue. "Don't punish him or I'll resign!" He made an additional spot for me and I returned the next year to be his resident.

General Surgery residency, then as now, entails 100+hrs/wk in the hospital for 5 yrs. It was demanding, and Dr. Whelan was demanding, but it was also interesting and exciting, and I loved being a surgeon.

On Sunday mornings at 7AM, all the residents and staff gathered for Grand Rounds, during which we saw every patient on the service.

These rounds frequently went until 11 or 12 o'clock. At 8, rounds were suspended while Dr. Whelan went to the chapel for Mass; you didn't have to go to Mass...only it was 'better' if you did. Most did. After rounds, the residents frequently stayed until 3-4PM to finish up what was directed that morning.

The patient always came first; Dr. Whelan was always at the hospital, and you knew he expected the same of us. One Monday morning early in my residency, I met Dr. Whelan as I entered the ward. He noted my "new" sunburn; I became acutely embarrassed and stammered that 'my wife made me go to the beach!'

Another resident, Dick Dorazio, commenting on Dr. Whelan's work ethic: let's not do it now, let's do it tonight when everyone is tired! One night at 2AM, during an emergency operation, Dr. Whelan ordered a frozen section; I asked if I should call a pathologist. He responded, "If Dr. Barcia, and Dr. Dorazio, and Dr. Whelan can be here, EVERYBODY can be here!"

I accompanied Dr. Whelan when he was counseling the wife of a man critically ill. (I thought that he had no chance.) "Your husband is too sick...not to have an operation." I was incredulous, but silent. The patient went home after surgery.

In 1967, Dr. Whelan obtained \$1,000,000 to develop a surgical facility at Tripler. As a vascular surgeon, he was interested in a problem which had vexed surgeons since they started repairing injured blood vessels; why did arterial repairs clot when the vein was also injured? I was given this project to solve along with several of his suggestions. Three months and 20 pigs later, I had made some progress, and Dr. Whelan asked me about his suggestions. I replied somewhat off-handedly that I thought they were just suggestions, and had pursued a different route. He became quite serious, pointed his finger at me and said, "Peter, when I make a suggestion, I mean for you to do it!" Six months later, we solved the problem, published it in the *Annals of Surgery*, and today it is standard practice to repair the injured artery AND vein.

Upon graduation in 1971, he arranged for me to go to Vietnam as Chief of Surgery at the busiest hospital in the country. We communicated frequently, as he was very interested in my cases, experiences, and pictures. It was an unforgettable time. I lobbied with him to return to Tripler right away as staff, "Gen. Whelan, I don't need gray hair to teach Surgery!" This impetuous remark prompted him to say, "You aren't ready for the Medical Center yet; you need to grow up, learn to manage people, get some experience. I'm sending you to Ft. Jackson, SC: a Developmental Assignment!" Of course, he was right.

In 1969, he had been promoted to Brigadier General, an astounding event in that he had never "commanded", had never attended

War College or other service schools, or done the other prerequisites for this promotion. Instead he was merely a consummate clinician, a wonderful teacher and role model, and internationally known in Surgery. They created a special job for him: Medical Corp Affairs. He was in charge of all physicians in the Army. In this he was a huge success, he traveled extensively, met all his constituents, and listened. His efforts resulted in increased pay for physicians, better training opportunities, and better career choices. He gave doctors a powerful voice in the bureaucracy of Washington. In most hospitals he visited, he operated with the surgeons. At the time, he was easily the most respected and popular senior physician in the Army, and many expected him to be named the next Surgeon General. Unfortunately, political decisions were made and he was bypassed for promotion. The upside of this was he came to Hawaii, for a second career.

As Chairman of Surgery at the University of Hawaii, he maintained close ties with Tripler; he gave Oral Boards and attended the GI conference monthly for 15 years. All our residents rotated with him at Queens, and he sent his residents to Tripler. There in 1981, I operated upon Dr. Whelan for a tumor of the stomach. Several days postop I noted his hemoglobin was low. I prepared myself as I went in to see him. He was ready for me; after pleasantries, he asked me about his hemoglobin. I responded that it was low, and that we would give him iron and this would take care of it. He said, "How about some blood?" I told him that with his history of hepatitis and liver problems that I did not think that blood was a good idea. He said, "Peter, sit down and let's talk." After one-half hour, I ordered 2 units of blood.

He never forgot a name, a face or a promise. In 1972, he told Julie and I to keep our house in Hawaii; we'll bring you back when you are ready, and he did.

Dr. Whelan and Norma became our role models in life; they were a CLASS ACT. I remember when we were first invited to their large home at Ft. Kam. It was an elegant, sit down affair for the graduating chief residents; the Whelan daughters served the food, and later danced the hula and the Tahitian. The Whelans put everyone at ease. A splendid affair which was repeated yearly. They helped us decide to have a large family, to make the training of Army surgeons my career, and to live in Hawaii. I feel like I've lived a dream. I'd hitched my wagon to a star.

Three weeks ago as I was leaving Dr. Whelan's room in what was to become our last conversation, he remarked that we were both lucky and blessed to have the families we have.

We are all lucky and blessed to have known Tom Whelan.